



WYOMING MENTAL HEALTH & SUBSTANCE ABUSE SERVICES DIVISION

CHILDREN'S MENTAL HEALTH WAIVER Provider Confidentiality Statement

As a certified provider for the Children's Mental Health Waiver Program, I will not divulge any information which comes to me through the execution of my assigned duties as a certified waiver provider.

- ❖ I will protect and safeguard all confidential information about individual youth and families that I serve and respect their privacy rights to the full extent possible.
- ❖ I will only collect, maintain, use, transmit, share and/or disclose information about individual youth and families I serve to the extent needed to fulfill the duties outlined by my certified waiver position.
- ❖ I will only share specific information which I have observed or learned through my relationship as a certified provider on a need to know basis with Team members on the individual youth's approved service plan.
- ❖ I will only discuss youth and families or information pertaining to them in locations where I cannot be overheard by anyone who does not work directly with those individuals, including other youth and families I may serve.

As a certified provider for the Children's Mental Health Waiver, I agree to follow this confidentiality statement and know that improper disclosure of confidential information could jeopardize my provider certification.

Provider Name (Please PRINT): _____

Provider Signature: _____

Date: _____